

General

Title

Inflammatory bowel disease (IBD): percentage of patients aged 18 years and older with a diagnosis of IBD who have documented the disease type, anatomic location and activity, at least once during the reporting year.

Source(s)

American Gastroenterological Association (AGA). AGA 2015 PQRS measure specifications. Inflammatory bowel disease (IBD): type, anatomic location and activity all documented. Bethesda (MD): American Gastroenterological Association (AGA); 2015. 2 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who have documented the disease type, anatomic location and activity, at least once during the reporting year.

Rationale

Clinical Recommendation Statements:

After the diagnosis of ulcerative colitis (UC) or Crohn's disease (CD) has been confirmed, the disease extent should be defined, because it determines the best route for therapy. For UC the extent is defined as the proximal margin of macroscopic inflammation, because this is most clearly related to the risk of complications, including dilatation and cancer. The implications of limited macroscopic disease with

extensive microscopic inflammation remain unclear. For CD both small bowel and colon should be assessed (Carter et al., 2004).

Therapeutic options are determined by an assessment of the disease location, severity, and extraintestinal complications. In the absence of a "gold standard" for the measurement of disease activity, severity is established on clinical parameters, systemic manifestations, and the global impact of the disease on the individual's quality of life (Lichtenstein et al., 2009).

After the diagnosis of UC is confirmed, the anatomic extent is assessed endoscopically. The key question to be addressed at this point is whether the inflammation is "distal" (i.e., limited to below the descending colon and hence within reach of topical therapy) or extends proximal to the descending colon, requiring systemic medication. Therefore, a delineation of the proximal margin of inflammation, if not achieved on initial evaluation, is desirable at some point once the patient's condition permits. From a practical standpoint, the endoscopic extent and clinical severity of an acute attack determine the approach to therapy. Importantly, a flare-up during which distal disease extends proximally is often a severe episode with the need for early aggressive therapy. Although therapeutic decisions are rarely based on histologic severity of inflammation, histology may well be taken into account when planning a surveillance regimen. Based on clinical and endoscopic findings, the severity and extent of the disease are characterized. Severity may be classified as mild, moderate, severe, or fulminant (Kornbluth, Sachar, & Practice Parameters Committee of the American College of Gastroenterology [ACG], 2010).

In addition to the evaluation of colitis extent and activity, a global assessment of the patient should include attention to general health concerns, and quality of life issues that may be influenced by colitis activity as well as by extraintestinal manifestations (EIMs) of the disease (Kornbluth, Sachar, & Practice Parameters Committee of the ACG, 2010).

Evidence for Rationale

American Gastroenterological Association (AGA). AGA 2015 PQRS measure specifications. Inflammatory bowel disease (IBD): type, anatomic location and activity all documented. Bethesda (MD): American Gastroenterological Association (AGA); 2015. 2 p.

Carter MJ, Lobo AJ, Travis SP, IBD Section, British Society of Gastroenterology. Guidelines for the management of inflammatory bowel disease in adults. Gut. 2004 Sep;53 Suppl 5:V1-16. [PubMed](#)

Kornbluth A, Sachar DB, Practice Parameters Committee of the American College of Gastroenterology. Ulcerative colitis practice guidelines in adults: American College of Gastroenterology, Practice Parameters Committee. [Erratum in: Am J Gastroenterol. 2010 Mar;105(3):500]. Am J Gastroenterol. 2010 Mar;105(3):501-23. [426 references] [PubMed](#)

Lichtenstein GR, Hanauer SB, Sandborn WJ, Practice Parameters Committee of American College of Gastroenterology. Management of Crohn's disease in adults. Am J Gastroenterol. 2009 Feb;104(2):465-83; quiz 464, 484. [270 references] [PubMed](#)

Primary Health Components

Inflammatory bowel disease (IBD); disease type; anatomic location; activity

Denominator Description

Patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who were assessed for disease type and anatomic location and activity (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The reporting period (January 1 through December 31)

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients aged 18 years and older with a specific diagnosis of inflammatory bowel disease (IBD)

Denominator Criteria (Eligible Cases):

Patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter

AND

Diagnosis of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes: K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K51.012, K51.013, K51.014, K51.018, K51.019, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919

AND

Patient encounter during the reporting period (refer to the original measure documentation for specific Current Procedural Terminology [CPT] or Healthcare Common Procedure Coding System [HCPCS] codes)

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients who were assessed for disease type and anatomic location and activity

Note: Patients are considered to have appropriate documentation of inflammatory bowel disease (IBD) type, anatomic location, and activity if all of the following are documented:

Type of IBD (Crohn's, ulcerative colitis or IBD-unclassified)

Anatomic location of disease based on current or historic endoscopic and/or radiologic data (Note: This element does not prescribe frequency of studies.)

Luminal disease activity (quiescent, mild, moderate, severe) and presence of extraintestinal manifestations

These criteria require a yearly review of the disease type, location, and assessment of disease activity based on clinical, endoscopic and/or radiographic data. The criteria do not require repetition of studies performed historically longer than one year from the current evaluation as long as the patient's clinical condition is stable and repeat exams are not indicated.

Exclusions

Documentation of patient reason(s) for not being able to assess (e.g., patient refuses endoscopic and/or radiologic assessment)

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #269: inflammatory bowel disease (IBD): type, anatomic location and activity all documented.

Measure Collection Name

Inflammatory Bowel Disease

Submitter

American Gastroenterological Association - Medical Specialty Society

Developer

American Gastroenterological Association - Medical Specialty Society

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source not available electronically.

For more information, contact the American Gastroenterological Association (AGA) at 4930 Del Ray Avenue, Bethesda, MD 20814; Phone: 301-654-2055; Fax: 301-654-5920; E-mail: measures@gastro.org; Web site: www.gastro.org .

NQMC Status

This NQMC measure summary was completed by ECRI Institute on March 14, 2016. The information was verified by the measure developer on March 29, 2016.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the American Medical Association (AMA), (on behalf of the Physician Consortium for Performance Improvement® [PCPI®]) or American Gastroenterological Association (AGA). Neither the AMA, AGA, PCPI, nor its members shall be responsible for any use of the Measures.

The AMA's and PCPI's significant past efforts and contributions to the development and updating of the Measures is acknowledged. AGA is solely responsible for the review and enhancement ("Maintenance") of the Measures as of June 30, 2014.

AGA encourages use of the Measures by other health care professionals, where appropriate.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

©2015 American Medical Association and American Gastroenterological Association. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, AGA, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2014 American Medical Association.

Production

Source(s)

American Gastroenterological Association (AGA). AGA 2015 PQRS measure specifications. Inflammatory bowel disease (IBD): type, anatomic location and activity all documented. Bethesda (MD): American Gastroenterological Association (AGA); 2015. 2 p.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse® (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.